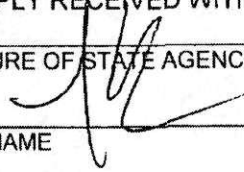



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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | | 1. TRANSMITTAL NUMBER: 13-003 | 2. STATE: COLORADO |
| | | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | | 4. PROPOSED EFFECTIVE DATE 1/1/2013 | |
| 5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> AMENDMENT | | | |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 438 | | 7. FEDERAL BUDGET IMPACT a. FFY12-13 \$ (202,500) b. FFY13-14 \$ (405,000) | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-F, Section 1 and 2: Accountable Care Collaborative (ACC) Program & Primary Care Physician Program (PCPP) | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-F: Accountable Care Collaborative (ACC) Program, Primary Care Physician Program (PCPP) and Colorado Alliance for Health and Independence (CAHI) Demonstration TN 12-018, TN 11-010 | |
| 10. SUBJECT OF AMENDMENT This amendment removes the section (Section 3) for the Colorado Alliance for Health and Independence because that program will be terminated as of January 1, 2013. It also changes two items in the Accountable Care Collaborative program section (Section 1) by extending the time period for calculation and payment of incentive payments and removing the specialist referral requirement. Lastly in the PCPP section (Section 2) it makes a technical correction by changing "PCCM provider" to "Primary Care Case Management." | | | |
| 11. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor's letter dated 01 September 2011 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | | | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL  | | 16. RETURN TO Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: Barbara Prehmus | |
| 13. TYPED NAME Suzanne Brennan | | | |
| 14. TITLE Director, Medical & CHP+ Program Administration Office | | | |
| 15. DATE SUBMITTED 4/10/2013 Updated | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED 3/11/13 | | 18. DATE APPROVED 5/1/13 | |
| PLAN APPROVED - ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL 1/1/13 | | 20. SIGNATURE OF REGIONAL OFFICIAL  | |
| 21. TYPED NAME RICHARD C. ALLEN | | 22. TITLE ARA, DMCHO | |
| 23. REMARKS | | | |